

<b>UNITED STATES DEPARTMENT OF AGRICULTURE MARKETING AND REGULATORY PROGRAMS</b>  <b>2-LEVEL PERFORMANCE APPRAISAL PROGRAM</b> <b>OPM Summary Level Pattern A</b> <b>PERFORMANCE RATING</b>		<b>1. APPRAISAL PERIOD</b>  From _____ To _____	
2. NAME <i>(Last, First, Middle Initial)</i>		3. SOCIAL SECURITY NUMBER	
4. OFFICIAL POSITION TITLE	5. PAY PLAN	6. OCCUP SERIES	7. GRADE
8. DUTY STATION	9. STATE	10. AGENCY/PROGRAM	11. ORGANIZATION STRUCTURE CODE

**Instructions**  
  
 Blocks 1 through 11. Self-explanatory  
  
 Block 12. Enter brief description of performance elements.

Blocks 13A, 13B. Rate actual performance by entering a "X" in the appropriate column.  
 Block 14B. Check off the correct summary level described in decision table, 14A.  
 Block 14C. Check type of rating.  
 Blocks 15 through 18. Self-explanatory.

12.		13. ELEMENT RATING	
CRITICAL PERFORMANCE ELEMENTS		13A. Fully Successful	13B. Unacceptable
1			
2			
3			
4			
5			
6			
14A Decision Table for Summary Level  <div>           Summary Level of FULLY SUCCESSFUL if all elements rated in 13A.             Summary Level of UNACCEPTABLE if any element is rated in 13B.         </div>		14B Summary Level (See Decision Table in 14A)  <div> <input type="checkbox"/> LEVEL 3 - FULLY SUCCESSFUL   <input type="checkbox"/> LEVEL 1 - UNACCEPTABLE         </div>	
15. SUPERVISOR'S SIGNATURE _____ DATE _____		14C Rating Type  <div> <input type="checkbox"/> RATING OF RECORD   <input type="checkbox"/> ADVISORY RATING         </div>	
17. REVIEWER'S SIGNATURE (Mandatory if summary level is unacceptable, otherwise optional) _____ DATE _____		16. EMPLOYEE'S SIGNATURE _____ DATE _____  18. IF EMPLOYEE DID NOT SIGN, GIVE REASON	